

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 589207

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1			1		
3		2		1		
4		2		1		
5	1			1		
6		1		1		
7		1		1		
8		0		1		
9		0		1		
10		0		1		
11	1			1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18	1					
19	1			1		
20	1			1		
21	1			1		
22	1		1			
23	1			1		
24	1			1		
25	1			1		
26	1			1		
27	1			1		
28	1		1			
29		1		1		
30	1			1		
31		1		1		
32		1		1		
33		1		1		
34		2		1		
35		2		1		
36		1		1		
37		1		1		
38		0		1		
39		0		1		
40		0				
41	1		1			
42		1		1		
43	1			1		
44	1			1		
45		4		1		
46	1		1			
47		0				
48	1		1			
49	1			1		
50						
TOTAL IND.	22	↓	6	↓		↓
TOTAL DEP.	33	←	40	←		←
TOTAL CLAIMS	55		46			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						